

T H E

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XLVI.

WEDNESDAY, MAY 12, 1852.

No. 15.

CASE OF SPONTANEOUS RUPTURE OF THE LEFT AURICLE OF THE HEART.

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LAST summer, when attending the patients of my friend, Mr. Maul, of Southampton, during his temporary absence, it occurred to me to meet with the following singular case:—

The subject of it was a respectable man-servant to a gentleman of fortune. He was aged 58 years, of middle size, spare habit, pallid complexion, and taciturn. On Thursday, June 26th, he walked into Mr. Maul's surgery, complaining of uneasiness in the left side of his chest, which he attributed to having, as he said, "displaced his heart" a fortnight before when carrying a heavy box up stairs. He did not complain of having cough, nor of anything else, neither did he mention that his legs were swelled, nor that he had had some spitting of blood; to both of which, I have been since informed, he might then have confessed. His pulse was quiet and regular; his bowels were confined. *R. Pil. galb. com., 3ss.; colocynth c., ʒj. M. fit. pil. x. duas sumat omni nocte. R. Ammon. carb., ʒss.; spts. lavend. c., tinct. card. c., aurantii, aa ʒiv.; mist. camphoræ, ʒx. M. sumat cyath. vinos bis in die.*

I thought nothing more of him until I was called to see him between 4 and 5 o'clock of the morning of Sunday, June 29th. I found him sitting in the hall of his master's house, the door being open; he was bent forwards, gasping for breath; respiration was not hurried; he was quite sensible, and spoke feebly and in catches. The pulse was exceedingly rapid, irregular and weak; heart's action strong and tumultuous, with a dulness on percussion greatly extended. Mucous râles at back of chest. His countenance was dark colored. Feet and hands cold.

On inquiry, I found he had not laid down, having been spitting blood since 10 o'clock the evening before. Some of the sputa remaining in a vessel appeared composed of mucus and of venous blood. I cannot state the quantity of blood expectorated, as the previous sputa had been thrown out; but he told me he had thrown up much blood. *Empl. lyttae inter scapulas per horas sex. R. Spt. ammon. arom., ʒj.; æthe-*

ris sulph. comp. ʒ ij.; tinct. hyoscyami, ʒ ss.; mist. camphoræ, ʒ vijss.
M. Coch. ampl. unum omni horâ sumat.

At 4 o'clock, P.M. I saw him in consultation with Mr. Stace, surgeon, of Southampton. His pulse was then more regular, and not so rapid; but he had the same dyspnœa, and he could not lie down in bed. His legs were much swollen. Mr. Stace re-placed the blister on his back, and ordered—R. Spt. æther. sulph. c., ʒ ij.; tinct. hyosc., ʒ ij.; mist. camphoræ, ʒ vss. M. Sumat. coch. unum ampl. omni horâ. catapl. spineus cruris.

Monday.—Slept none or little, and has not lain down. Respiration not rapid. Pulse regular, 64. Feet cold. Since yesterday has spat but very little blood. He appears collapsing. Face dusky. Bowels confined. Hab. haust. olei ricini. R. Spt. ether sulph. c., tinct. hyosc., āā ʒj.; spt. ether. nitrosi, ʒ ij.; mist. camphoræ, ʒ vss. M. Sumat. cochl. unum ampl. 2dâ. qd. horâ.

Tuesday, July 1st.—He died comatose at 2 o'clock this morning. Mr. Stace very kindly assisted at the post-mortem examination, which I made in about sixteen hours.

The rigidity of the body was very great.

On raising the sternum, the pericardium was seen enormously and tightly distended, and was filled by, as closely as I can guess, nearly a quart of clotted blood. At first there was some difficulty in discovering whence it had come, until, having turned up the apex of the heart, the back part of the left auricle was found blackened from extravasation; and, on searching more accurately, a small ragged opening, capable of admitting a goose-quill, was discovered just below the auricular appendix, leading into the cavity of the left auricle. In its interior was seen a large rent of its muscular fibres, some of which, however, remained intact, descending from the opening obliquely and to the right side. The entire length of the rent was close on three inches. No lymph, nor any appearance of inflammation, was traceable, either on the inside or outside the auricle, which seemed healthy, and was not thinned; but the left ventricle appeared thicker than natural. Both these cavities contained clotted blood.

There was no appearance of aneurism of the heart, nor of any of the large vessels, which last were quite natural. There was some calcareous material at the convexity of one of the semilunar valves of the aorta; their free edges, as well as all the valves of the heart, were perfectly normal.

The lungs were congested. In the left pleura were six or eight ounces of clear fluid, without a trace of inflammation of the membrane.

The heart contained no more fat than usual, and it was not softened. The liver and kidneys were healthy.

Spontaneous rupture of the left auricle of the heart, without any appreciable textural change of this, is of very rare occurrence.

The rupture in this case was obviously due to the laborious physical exertion of carrying a heavy box up stairs, more than a fortnight before death; but from the appearance of the heart, it would seem that the opening in the auricle, preceded by the giving way of its internal fibres,

did not take place until the Saturday before death; and the smallness of this opening may have been the cause of life being prolonged for the unprecedented period of more than fifty hours.

It is not surprising that, after having seen him the second time, I considered that he was affected with aneurism, which, having burst, had given rise to the hæmoptysis. This, so far as I am aware, is a symptom before unobserved in cases of rupture of the heart; and it arose entirely from a stasis of the blood in the lungs, owing to its interrupted progress through the heart.

The fluid in the pleura was most probably cadaveric.

The treatment of this case, in which Mr. Stace and I entirely coincided, was anything but satisfactory, and bears out Dr. Copland's observation, that "in most instances medical interference will be quite unavailing, and even as much mischief as benefit may result from it."

London Medical Gazette.

PROFESSOR CHRISTISON'S LECTURE ON THE PRESENT STATE OF MEDICAL EVIDENCE.

[Continued from page 272.]

ALL writers on the law of evidence agree in the general proposition, that "opinions are admissible in evidence, although the professional witnesses found them entirely on the facts, symptoms, and circumstances established in evidence by others, and without being personally acquainted with the facts" (Starkie, i., 154). Mr. Chitty, however, observes in 1834 that Justice Park doubted the admissibility of such evidence in a not uncommon case, viz., when a medical witness is called on to say, without having seen an alleged lunatic, and merely from hearing the facts sworn to by others, whether he ought to be deemed insane (353). And more recently this kind of evidence was pronounced inadmissible in such a case by the whole English judges on a remarkable occasion. In consultation on the case of Macnaughten, who shot Mr. Drummond by mistake for Sir Robert Peel, they stated as their opinion, that "a medical man conversant with insanity, who never saw the prisoner previous to the trial, but who was present during the whole trial and examination of the witnesses, cannot in strictness be asked his opinion as to the state of the prisoner's mind at the time of commission of the alleged crime; or his opinion whether the prisoner was conscious, at the time of doing the act, that he was acting contrary to law; or whether he was laboring under any or what delusion at the time—because each of these questions involves the determination of the truth of the facts deposed to, which it is for the jury to decide" (Greenleaf, ii., 303). This statement is in answer to a very special question, and relates to a class of cases in law proceedings connected with lunacy, as to which English judges have lately shown a strong propensity to appropriate medical opinion entirely to themselves and their juries. But it is quite plain, that if the rule of practice thus laid down be sound, and the reason assigned for it the true and only one, then the rule, with its reason, applies equally to all medical opinion whatever, except that very limited class which

rests entirely on personal observation of the facts of a case; and therefore that this decision strikes at the very root of medical evidence as now understood.

In Scotland there has never been, so far as I am aware, any opinion delivered like this. In fact, I have known the English rule disregarded quite recently in a Scotch Court in the very case supposed by the English judges. In criminal cases at large great deference is usually shown to the opinions of physicians and surgeons of known skill; who, though not directly cognisant of the facts, are cited on the part of the crown, to speak to the import of facts deposed to by the primary witnesses. And if those who occasionally appear on the side of the prisoner are not always so favorably considered, the fault has lain much more seldom with the court than with the witness—who has too often attempted palpably to play the part of advocate, endeavoring to perplex and shake evidence, with the conclusions of which he nevertheless at bottom substantially concurred.

But on civil trials, such as those relative to lunacy, life-assurance, damage from injuries, death-bed deeds, and the like, a different rule seems to prevail. All medical witnesses, not fundamentally and directly concerned with the case, are looked upon with jealousy. The evidence even of the highest in professional standing is sometimes represented by judges as of no consideration whatever. And it is thought all in all by many lawyers, if the witness who states his opinion saw the case, however low may be his position in professional estimation. Not many years ago, viz., in 1832, on a jury trial respecting the settlements of a gentleman who was alleged to have been upon death-bed at the time he disposed by will of his landed property—when the parties on both sides produced various well-known physicians in this city to give their opinions on the facts of the case deposed to by the medical attendant of the deceased and other witnesses, the presiding judge observed incidentally, not without marks of impatience, “that it had always been his practice to tell the jury, that more attention is to be paid to what the medical gentleman says who attended the case, than to all the theoretical physicians in the country.” And in his charge to the jury, he passed by the evidence of the latter as of no account, repeating in more measured language, that “he would place more confidence in the opinion of a medical man who saw the case, whoever he might be, than in that of any physician, who judges only from facts stated on questions put, perhaps imperfectly, by us in court, and not by persons well acquainted with the subject.”

With great deference, this is a rather arbitrary way of administering a very arbitrary law. As a general rule, it appears to me an unreasonable dogma, founded on a hasty view of the nature of medical evidence. In one limited class of cases, indeed, it is a sound proposition. If a medical man, who personally witnessed the facts of a case some considerable time before, gives an opinion which he clearly recollects having formed on the occasion, but has forgotten in a great measure the fundamental facts—which is no very improbable supposition—no other man's opinion, how eminent soever he may be, is so worthy of credit, because

he has no elements of safe judgment on which to found it. It is very remarkable, however, how few cases of this kind occur—how seldom a medical practitioner's memory is found so far at fault in medico-legal proceedings. In another limited class of cases, a witness who did not personally observe the facts is scarcely more favorably circumstanced, viz., when the opinion to be formed involves facts which cannot be fully communicated by language, such, for example, as the appearance and expression of a sick man. But if the facts are well remembered, and they can be conveyed correctly in language, I really cannot see what should render the opinion of a man of experience and skill, who did not witness the case, less entitled to credit in a court of law, than in similar circumstances in ordinary medical practice. And should the primary medical witnesses be men of only moderate note in their profession—an incident of no unfrequent occurrence—I cannot see why their opinions should not be liable to revision by persons of superior skill, as in ordinary professional practice, merely because the opinion is to be followed by certain results in law, instead of in medical treatment. It appears to me, that an opinion in such circumstances is entitled to weight in proportion to the rank and acknowledged qualifications of him who delivers it; and as a general rule, to the same comparative weight with that of a consulting physician or surgeon in ordinary practice, who is consulted without an opportunity of seeing the patient. Nay, the opinion of such a man may fairly be held to be all the more weighty in comparison, that in medico-legal questions he has to form a judgment as to what has happened, or has been done; while in ordinary practice, he has also the more difficult task imposed of deciding what is to happen, and is to be done.

The real history of the very case which drew from the judge the opinion now under review would have been a startling reply to it. The medical attendant, whose evidence went to nullify the deed which was questioned, had stated in his precognition that his patient died of diabetes. Had this statement been adhered to on the trial, it would have been controverted by general testimony of such strength as no judge could have impartially resisted. But having previously met with one of the medical witnesses, who was to give an opinion on the facts as deposed to in court, he discovered his error, and modified his evidence at the trial, so that the defenders of the validity of the will were completely thrown out in their intended line of defence. This evidence was declared by the judge to be unassailable; and so indeed it was. But the confirmatory evidence of him who had made it so was pronounced unworthy of notice.

Enough, perhaps, has now been said to show, that there has prevailed too long in this country a want of proper understanding between Law and Physic in respect to medical evidence; and that neither lawyers nor medical men have attempted all that might have been done to bring it towards the exactness of which it is susceptible. Were the bench and the bar to look more narrowly into the nature of medical evidence, they may discover that practical rules—resting on sound principles, established by long usage, and applied with singular success, for the

development of evidence consisting of ordinary matters of fact—have been subsequently extended without due consideration to evidence composed of scientific reasoning and opinion, to which they are not applicable either in point of reason or convenience; and were medical men to turn their attention more earnestly to the bearings of medical science on law and its administration, they would escape many of the errors of opinion, as well as conduct, which have lowered their profession in the eyes of a class of men exercising more influence, perhaps, than any other on the sentiments of society; and they would facilitate the ends of justice by giving to medical evidence greater concordance, force, certainty and comprehensiveness.

In conclusion, then, it may be asked—What is to be done for the attainment of these objects? I have not the vanity to suppose that I can singly answer that question. Nor, though I had, is there time now for developing all the views which arise out of the preceding considerations. The following sketch is all that can be attained, without encroaching too far on the patience of this meeting.

And first, as to what lies within the province of the administration of the law.

Let them bear in mind that medicine is a difficult art and science—more difficult even than their own, as being less tied down to fixed rule and precedent; that medical opinion is not the simple matter which it might appear to be thought by them, judging from the present practice of law courts respecting it; that in medico-legal questions a medical man is no mere witness, but in some measure as much a judge as he who sits on the bench. Let him not, then, be placed as now in circumstances so unfavorable for sound judgment. Why should he not be allowed the same advantages for deliberate inquiry and reflection as judge or counsel when called on for an opinion in law? But instead of that—possessing only an imperfect acquaintance with the facts, having only a little or no warning as to the opinions he may be asked, allowed no leisure to collect his thoughts and recall his experience, deprived of an opportunity of referring to the written authorities of his profession, destitute of support from consultation with his medical brethren, questioned by those whose aim it often is to lead him into contradiction—he is expected, nevertheless, to answer trustily on all points at the moment.

Had it been an express object to render medical evidence vague, uncertain and contradictory, I do not know what more effectual plan than this could have been devised for the purpose.

The measures which seem best fitted for putting an end to such a state of things are the following, which have this to recommend them to impartial consideration, that they are not entirely new, having been already occasionally adopted in one department of another law practice:

1. In all criminal cases involving the inspection of a dead body, the medical men employed should be taught to proceed according to prescribed rules put into their hands by the legal authorities, so as to provide against material omissions, and to insure the detection of errors. In 1839, at the request of the Lord Advocate, the present Lord Murray, "Suggestions for the Medico-legal Examination of Dead Bodies," were

prepared by Dr. Traill, Prof. Syme and myself, for this purpose. I fear, however, that his Lordship's laudable object has not been carried through, and that the document has been since lost sight of. There is an important technical obstacle against the public and authoritative sanction of these or any other instructions, as containing the only correct mode of procedure; but there is no objection to the mere recommendation of them by the authorities, and therefore it may be regretted that they should be allowed to fall into neglect. Additional force might be given to them advantageously, were they to be issued with the revival and sanction of the royal colleges.

2. In all criminal cases, involving important medical evidence, the whole proceedings bearing directly or indirectly on that evidence should be subjected, before the trial, to the review of competent men, the higher in their profession the better; who may be made witnesses, if necessary. This would be a mere extension of a practice not uncommon until a few years ago, and still occasionally followed.

3. The medical witnesses should be furnished in good time with the whole facts of the precognition, as well as the main questions of opinion which they are expected to answer. This would be merely a return to a former rule.

4. The witnesses should have an opportunity of consultation together. It will be objected, as a consequence, that differences of opinion may in this way be concealed; and that the court ought to know what differences of opinion exist. But the present practice creates far more differences than it merely discovers. It seems to me much on a par with a foolish practice of some patients, who, instead of obtaining a conjunct opinion on their case, prefer to wander from physician to physician, bewildering themselves with what they call "independent opinions." Lawyers would be surprised, could they learn the great unanimity of medical sentiment throughout the profession, after trial, on all important medico-legal questions, which for some years past have elicited so much contrariety of opinion in court. The inference is evident and irresistible that the witnesses had been ill-informed.

5. The witnesses should be present in court, so as to hear all the facts before delivering an opinion on them; but they should be excluded when the evidence as to opinion commences. This would be a simple restoration of a practice formerly established under the administration of the present Lord Justice-General when constantly at the head of the Criminal Court as Lord Justice-Clark.

6. In civil actions, when it is thought right to add the opinions of consulted witnesses to the primary medical evidence, the court should appoint one or more such witnesses, for its own protection against partial testimony. The most crying evil of the present system of medical evidence—that of which I have heard both bench and bar complain most bitterly—is the contrariety of opinion obtained in civil actions. It is not necessary to look far for the root of this evil. What else can be expected, when the witnesses are informed of the facts by one party only, whose interest it is to communicate as little as possible of anything not favorable to his own side, and who, by frequent partial communings

of this kind, succeeds in converting them into a sort of witness-counsel, with a strong, though it may be unconscious, bias in favor of early one-sided opinions? Why should not a portion of such testimony be placed in an independent and impartial position, by the court nominating men of known character to give their opinions as witnesses, after acquaintance with the medical facts on both sides? Something like this is occasionally done in questions of lunacy. There seems no reason why it should not be extended methodically to all important medico-legal questions of a civil nature. It would test the present contradictions of civil medical evidence, and in time supersede the present party medical evidence in a great measure, and convert medical witnesses into medical advisers.

[To be continued.]

CHLOROFORM AS AN ANÆSTHETIC.

[THE discussion on anæsthesia by the Philadelphia County Medical Society, alluded to in a late number of this Journal, was continued at a meeting held April 13th, and is reported in the Medical Examiner. We quote the following remarks by Dr. Patterson, which are interesting, not only as containing valuable hints respecting the dangers attending the use of chloroform, but as regards the views entertained in Philadelphia on the general subject of anæsthesia.]

Dr. H. S. Patterson remarked that the meeting had got pretty well into the discussion of the question on its merits, when Dr. Hays brought down the St. Bartholomew's case upon us as a sudden extinguisher, and it appears that we cannot get beyond it. Around that all the discussion seemed now to centre, and it must be got rid of before any further progress could be made. He did not know that he could get rid of it, but at all events it could be looked fairly in the face, and its real importance determined. The idea that arose in his mind while Dr. H. was speaking, was that this, like other cases of alleged death from chloroform, came with an air of mystery about it. A mischief has been done, somehow or another; life had been extinguished in some way; but the only fact now apparent is that the chloroform has done it. Let this be admitted, and it does not necessarily follow that the agent in question cannot be used at all therapeutically. The conclusion is greater than the premises will bear. The superstructure is much too large for the foundation. The fact seems to be that chloroform may be—indeed has been—inhaled in such a manner as to produce death. Every article of the *materia medica* of any value, is toxicol or at least injurious in some method of exhibition or some dose. Generally, the toxicol is in the direct ratio of the therapeutic power. The potency which is curative in its judicious employment, may be deadly otherwise applied. The mere fact that a medical agent is capable of destroying life is no argument against its use. Is there any substance of acknowledged power in our pharmacopœia that may not do mischief? Are there not many that have been fatal to human life, not only when used criminally, but also injudiciously employed, although with the best intentions? He (Dr. P.) is not

one of those who would willingly uncover the nakedness of the profession or expose its shame, but he would ask whether chloroform has destroyed more human lives than opium, even in its medical use? He would only refer to the old treatment of *delirium tremens* by heroic doses of that drug. He had seen patients die in that disease, in the Pennsylvania Hospital and in the Alms-house, and who would say whether the condition which preceded death was coma or fatal narcotism? He had his own convictions on the subject, and they were such as to lead him to seek a mode of treatment for that affection without opium. But, admitting all this, does it prove that opium should not be used? On the contrary, opium remains an indispensable portion of our means of cure in innumerable cases. If a substance is poisonous, it is so in certain doses, in a particular mode of exhibition, and according to fixed and ascertainable laws. We can determine by observation what functions it affects, in what quantities and in what way. We do not hesitate to use poisons much more deadly than chloroform is alleged to be by its most vehement opponents, because we know their action and can regulate it to good therapeutic ends. If a patient should die of a dose of hydrocyanic acid or strychnine medicinally given, there would be no hesitation in concluding that there had been a gross error in the dose or in the manner of exhibition. Why refuse the application of the same rule to chloroform? It may be asserted that its poisonous influence is so subtle and so fatal that it cannot be regulated. But this is disproved by thousands upon thousands of cases of its successful administration. If it is poisonous at all, it is so only in a certain quantity or by a certain rapidity of introduction, which can be clearly ascertained, scientifically regulated, and securely guarded against. Let us now look with a more thorough scrutiny into the St. Bartholomew's case, which has been thrown in our way as an impediment not to be got over. The first fact to be noticed is that this same patient, not a month previous, was kept under the full influence of chloroform for twelve minutes, during a painful operation, and without the slightest inconvenience or interruption to his recovery. There was plainly no "idiosyncrasy" here. It is proved that chloroform could be administered to that very patient with safety and with the most beneficial results. On the last and fatal occasion, he inhaled the vapor of chloroform for a much shorter time, and died before the first incision was completed by the knife of the surgeon. Now, can any man believe that the chloroform was administered in precisely the same way, in the same quantity, and to the same extent, as on the former occasion? Like causes produce like effects. The man who takes a grain of opium to-day with beneficial effects, will not be fatally poisoned by a grain of opium a month hence. The probability is that in the first instance the chloroform was properly administered with a due admixture of atmospheric air, while in the latter it was hastily presented, of full intensity, and undiluted. The quantity to be estimated is not altogether that poured upon the napkin or introduced into the inhaling apparatus, but that actually received into the lungs of the patient, and absorbed from their mucous membrane. A better case for the illustration of the principle just laid down could not be de-

sired. The blame rests with the erroneous mode of the use, and not with the substance used. As for the mere allegation of toxical power, Dr. P. would give very little for a medicine, that could not produce such effects in any case. He suspected the efficacy of every agent whose powers were so feeble as not to render it noxious in its inappropriate or immoderate employment.

As to the remarks made by Dr. Condie in reference to the enthusiasm of the advocates of new measures, Dr. P. thought that such a charge in reference to anæsthetics was singularly out of place in Philadelphia. The error here seemed to be all on the other side. He did not wish to complain of the conservatism of the profession here generally. Their cautious skepticism in regard to medical novelties had its great and lasting benefits. But these anæsthetics are no longer a novelty. Their precise value has not been definitely determined, nor have we settled all the laws that should regulate their use; but that they have great and important uses can no longer be doubted. It appears certain that they will become a fixed portion of the armament of the surgeon and the obstetrician. Why should we in Philadelphia alone occupy this position of dogged resistance and refuse to receive them? Dr. Condie has warned us against the enthusiasm of novelty. Dr. P. acknowledged the truth and value of his remarks. There are *quidnuncs* in the profession as well as out of it, and they will run wild after new hobbies. But he would remind Dr. C. that this is not the only dangerous enthusiasm. There is another that, in its relation to other matters, has been recognized and pretty well comprehended in our country, where it has received the generic title of *old-hunkerism*. It consists in an obstinate conservatism, which brands every new thing as an innovation, in the bad sense of the term, without waiting to see whether it may not turn out an improvement. It rests content with old things, it wants no progress, and it resists all new things as essentially evil or mistaken. He was afraid there was a leaven of the enthusiasm of *hunkerism* in this resolute opposition to the anæsthetics. At all events, the truth must soon make itself manifest, and the fact of the matter be established. There can be no doubt that anæsthesia will become, when better understood, a well-regulated and well-established portion of our practice, and the most the Philadelphia profession can claim will be the merit of having been the drag on the wheel that prevented a too rapid attainment of the goal.

PETECHIAL FEVER.

(Communicated for the Boston Medical and Surgical Journal.

THE following case, which I will narrate in as brief a manner as possible, affords some interesting points to me, and perhaps it may to some of the readers of the Journal. In twelve years' active practice in the country, I have met with only two cases of disease accompanied with petechial eruption. The first was reported for the Journal some months since, the patient dying of hæmorrhage. I have met with some severe

cases of typhus and typhoid fever, passive hæmorrhages, &c., but with these exceptions, all wanting in this peculiar eruption of which authors speak so frequently. The following case occurred in the same house as the one before published.

The patient was a lovely twin daughter of Mr. Samuel Root, 4 years of age, of previous good health. She was seized at midnight on the 10th of April, with severe vomiting, headache, slight chills alternating with flashes of heat, thirst, restlessness, oppression at præcordia, &c. I saw her twelve hours after. As she had had turns of vomiting before, no fears were excited in the minds of her friends, who supposed it to be "a turn of the worms." The vomiting was now incessant, especially if anything was introduced into the stomach; pulse small and weak, 120 per minute; tongue moist and loaded heavily with a dark fur; head hot; extremities cool; slight tenderness upon pressure over the stomach; much restlessness; respiration natural. Ordered calomel, two grains per hour, to allay the irritation of stomach, with sinapisms to præcordia and extremities, cold application to the head, warm baths, cool drinks, quietude, &c.

Second day, symptoms much the same, except vomiting less. A few enemas, in addition to the mercury, procured several evacuations from the bowels, which were evidently very torpid.

The third day I was summoned to her to decide whether she had got the scarlet fever or measles! both of which were prevailing at the time. An exanthematous eruption had appeared, covering the whole body, most distinct on the body and lower extremities. It consisted of small reddish spots, varying in size from a mere speck to an eighth of an inch in diameter, not elevated above the skin, evidently the product of extravasated blood beneath the cuticle, bearing some resemblance to measles, and perhaps to the eruption of scarlatina, but yet having a peculiarity perceptible at the first glance. The vomiting gradually ceased, but the tongue became dry, with a brown fur. Dark sordes collected on the teeth and lips; the pulse 140 per minute, weak and unresisting; delirium at times; mind sluggish; great disgust for food; discharges from bowels improved for a time, after the calomel cathartic, but became dark and offensive again; abdomen flat; had turns of screaming, as if in great pain; eyes dull and sunken (pupil not indicating any severe difficulty of brain), filled with a secretion in the morning having the qualities of pus; features became collapsed and of an ashy hue; pulse very weak, and so frequent as not to be counted; breathing, till the last day, very quick; reason unimpaired.

Eight days produced a fatal termination of the case. The petechial eruption continued to be seen more or less distinct till the last, although somewhat faded. The treatment consisted in cathartics to keep the bowels open and unload them of their contents, which were peculiarly offensive and morbid. Calomel, rhubarb, senna and c. oil were used, with enemas. Much attention was paid to the circulation, to restore and keep up the equilibrium. Dover's powders were given with a happy result; refrigerant diaphoretics; some cordials, and lastly stimulants.

The peculiarities of this case seem to be:—

1st. Its occurrence at this *season of the year*, in an isolated form. I supposed these cases were peculiar to warm weather, as most of low fevers are.

2d. The *age* of the patient. Very few children so young are attacked with it.

3d. The *place*, it being in the same house where, eighteen months since, an adult died with a disease having a striking similarity. It is a large tenement and well ventilated—the habits of the family temperate and cleanly.

4th. The *manner* of the attack, by *excessive vomiting*. This is certainly uncommon. No less than *seven children* within a few miles of this were similarly attacked, about the same time, but had no eruption, and a speedy recovery.

H. D. R.

Westport, Essex Co., N. Y., May, 1852.

THE NEW THEORY OF THE CIRCULATION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I believe the latitude and longitude of friendly discussion, of a scientific character at least, are not fixed by the quadrant and chronometer of your chart, which is the radii and focus of many profound heads and wild theorists in the science of medicine; but is common ground, as I conceive, to all without limit, as far as the furtherance of scientific truth is concerned. And if I should fail to bestow one thought for the consideration of your readers in defence of the long-established principles of circulation, I shall have lost my purpose, and probably err from a partial consideration of the importance of the subject. Divested of all controversial feeling, and disregarding the uncouth and sordid accusations that many of our *amateur* friends are pleased to bless us with, I shall humbly present some desultory thoughts on the motive power of the blood. The point once achieved in the question at issue will be of far more importance in dispelling the delusions of fancy, than many exciting theories that occupy every journal of medicine; will be of far more interest to the profession, than the merits or demerits of Jarvis's adjuster in comparison with Reed's plan of reduction of dislocations of the femur on the dorsum illi; not to speak in the least disparagingly of either of these gentlemen, for the invention of the former stands second to none in point of utility. When the moving force of the circulation is amply proved to exist in the lungs; when the muscular movements of the heart and arteries are found to be no longer concerned in propelling the blood from its reservoir to the extremities—then will be required a revision of Carpenter, Bichat and others, with an additional chapter of therapeutics. It is true that the *rationale* derived from vivisections may possibly determine physiological facts, when the organs are performing their functions *in situ*, so far as a *priori* reasoning abstractly is concerned, and when no correlative forces are at work; but the complex nature of the system will not allow of abstractions in propelling powers; consequently, in searching for the chief cause of phy-

sical developments and physical effects we may perchance give undue force and power to some one structure that mainly belongs to another. It has been hinted that one asphyxiated and resuscitated saurian is not sufficient, of itself, to establish the principles of Mrs. Willard's theory beyond a question. But should Dr. Cartwright's ardent zeal for the success of the new theory realize and establish his purpose on one single experiment, he will entitle himself to the same which others have earned by immolating their lives and fortunes on the altar of truth. When he shall neutralize the enthusiastic deference hitherto paid to the Harveyian principles of physiology, then Sir Benjamin Brodie may come in for a tithe of his immortal honor, for Dr. Cartwright says he came near stumbling on the discovery by his woorara, which the saurian disclosed to himself.

To the transformation of venous into arterial blood as it passes through the lungs, Mrs. Willard describes the *primum mobile* of the circulation; and the caloric evolved in decarbonizing and oxydizing the blood in this transformation is the "chief moving force." Why heat should force the blood through the capillaries and on through its whole circuit independently of the contractile force of the heart and arteries, I am unable to say. Admitting the expansive powers of caloric, I am of the opinion that its effects would be lost in the capillary network through which it is eliminated. The force of gravitation can have no power in favoring the expulsion on to the left auricle, no more than to the right ventricle, and no more than to the apex of the lung. The force developed in the lungs I believe to be less attributable to the power of caloric elaborated there, than to the capillary power demonstrated by Prof. Draper; and then in a less degree in the capillaries of the lungs, than in the systemic capillaries. The venous current approaching the capillaries of the lungs, and the air in the pulmonary cells, have a mutual attraction, and become satisfied by the exchange of oxygen and carbonic acid that takes place through the walls of the capillaries; then it becomes arterial blood, which has no affinity for the tissues, and is forced on by the *vis a tergo* at the capillary wall. In allowing Mrs. Willard's theory to be correct, the propelling force through the lungs must stop at the termination of the arterial system, leaving no explanation for the venous circulation, whose moving power there I conclude arises *de novo*; for if the heart's contractions by means of the lungs produced the current in the veins, the flow would be *pulsative*, which is not the case. How can the new order of physiologists reconcile the circulation of many of the lower order of animals, whose developments differ from *mammalia* mainly in nutrition and motion, but through the power of capillary attraction developed by the force of circulation? In the *pycnogonedar* tribe of animals will be found a *cæcal* or *lacuna* circulation, whose channels or *cæca* present alternate contractions and dilatation to force their contents onwards; the impulsive force here is the inherent power of contractility possessed by the muscular *parietes* of these vessels, the same as in the heart of man. Calorification will not supply conditions here necessary for the production of this force, because there is no special organ of respiration; the aëration of the fluids must be

imperfectly accomplished by exposure to the surrounding medium through the crustaceous envelope.

During the *tadpole* state of the frog, the circulation is properly carried on, independently of the action of the lungs, and after their formation they receive but a limited amount of blood for purification, it being duly oxydized by the cutaneous surface. The force the human heart exerts by its contractions is sufficient to raise a column of blood ten feet high, of the size of the aorta. These contractions become more and more inherent to the heart, from the first nervous impetus given it in embryo to the last finishing stroke of the *cerebro-spinal axis*. To prove the heart's own inherent powers, it is sufficient to know that it is capable of sustaining its contractions for a considerable time after being entirely detached from the body. This constant action is rendered subservient to the nervous influence; for it has been proved, that after it has ceased to beat, its contractions may be re-excited by stimulating the roots of the spinal accessory nerve, or by the first four cervical nerves. In the *embryo* may be found the circulatory movements without a respiratory apparatus, which is not unlike even the *zoophite* in its appropriate cell development and analogous formation. The lungs begin to make their appearance about the beginning of the third month, but still take no part in the circulation, as long as the blood passes through the foramen ovale; and even after birth in cyanosis neonatorum, according to an American author, the lungs play a very inferior and inadequate part in aerating the blood, as the foramen ovale often remains open fifteen or twenty days, transmitting most of the blood from the right auricle to the left, and sustaining this time its assimilating and depurating qualities through the limited amount that traverses the lungs.

Should the "new theory" fall into the hands of some of your correspondents, among whom it will meet more of the *cacoethes scribendi*, and a greater ambition to indulge it than many evidently feel from their silence thus far shown, it will probably ere long, if deserving, be ranked among the things that were, and bear the night-shade wreath of oblivion. But if its apostles shall rear its merits on the superstructure of the principles of truth and science, may the twig of the cypress as soon bespeak its resurrection to our benighted minds, as it shall sink to oblivion if they fail.

SUBSCRIBER.

Kingston, Ulster Co., N. Y., April 20, 1852.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 12, 1852.

Supposed Increase of Insanity.—"Insanity is, then, a part of the price we pay for civilization." Such is the sage observation of our neighbor, Dr. Jarvis, in a long and admirably-constructed paper that appeared in the April number of the American Journal of Insanity. Admitted, as it is, that increased accommodations are demanded in each of the United States, in consequence of the multiplication of lunatics, it strikes the

reader at first view as an absurdity to say, "that it is impossible to demonstrate whether lunacy is increasing, stationary or diminishing, in proportion to the advancement of population, for the want of reliable facts, &c." Still, we believe that Dr. Jarvis is right in saying that no one knows, while the universal sentiment is that insanity is prodigiously on the increase in civilized Europe and America. Since humanity demands that provision should be made to meet this extraordinary misfortune, it is also proper that the profession should come up to the assistance of society, with opinions and advice. We are not yet converts to the suggestion that all the world is mad, but it is susceptible of demonstration that all the lunatics are not placed in Asylums. It is not the province of physicians to travel through the community, like the Jewish prophets, crying with a loud voice that rash speculations, whether in lands, manufactures, or lottery tickets, are prejudicial to health and to that mental condition which gives peace, comfort, and a good digestion. Nor would it be well received among the intelligent of the community were their medical friends perpetually ringing in their ears, that too great haste to be rich fritters away life, and harasses and endangers the stability of the mind. And it is equally true that the pursuit of phantoms, the besetting vice of our day, in which men, women and children plunge into vortices of fanaticism, in religion, in politics, domestic economy, and the endless gradations of a sympathy which embraces within its ample folds both a desire and a resolution to purge the earth of its moral evils, is unsettling the minds of the people, and multiplying cases of lunacy.

How this state of things can be remedied, is the great problem. To get behind it all, and modify the character which civilization brings out, that is, a condition of excessive mental activity, endangering the powers of reason, some new features in education are indicated. Public instruction and moral training have the first opportunity, and beyond all question shape the destiny of individuals, as they do of a nation. Legislation may accomplish as much that is meritorious in preventing insanity, by a wise appropriation of means for primary education, as in building mammoth receptacles for the thousands who are the victims of dethroned reason through the dominion of uncurbed vices, hereditary predispositions, vicious propensities, and a mania for meddling with that which cannot be comprehended. Medical philosophers have accomplished a great deal for the insane by pleading for the law of kindness in their behalf, and creating a wide-spread sympathy for their sufferings. Another labor connected with their mission, is to influence the public sentiment in regard to preventing the malady. But that does not consist in building hospitals or inventing straight jackets, but in educating the moral sense to shun evil communications, to resist temptations, to live honestly, deal justly, and obey the dictates of humanity and the revealed laws of God.

American Medical Society of Paris.—The constitution of an association, which we are frequently assured promises largely for the profession at home, while it will be inestimable for medical gentlemen visiting Paris, arrived last week. In the catalogue of members, there is neither an active or honorary member belonging to New England. This is an apparent oversight in somebody, which demands the consideration of those who direct the Society's course. In the first place, there must be students there from Massachusetts, if from no other part of New England, and we flatter ourselves that there are gentlemen sufficiently distinguished as

surgeons and physicians, to be recognized in the catalogue of honorary members. Whatever can be done here to give character and stability to the Society, will be cheerfully undertaken.

Tableaux of New Orleans.—That never-tiring philosopher, Bennet Dowler, M.D., who may wear, but never rust out, has brought out a closely-printed pamphlet on the geography, commerce, geology, and sanitary condition of the city in which he resides, abounding in so many curious and instructive facts, that we are perplexed in regard to the place from which to make extracts. He strikes right and left, with an air of resolution and independence that no one, not armed with sustaining facts, would dare manifest. Upon Boards of Health, those organized conclaves of men with small opinions, who regulate the public health by drinking champagne at the expense of their constituents, Dr. Dowler is keenly severe. Probably he understands the calibre of the men against whose report his guns are pointed. For originality, energy, and fearlessness, Dr. Dowler has no competitor. His industry and learning are equal to all emergencies.

Müller's Surgery.—A third American, from the second enlarged Edinburgh edition of this work, has just been published by Messrs. Blanchard & Lea, of Philadelphia. The revision and additions are by F. W. Sargent, M.D., with 240 wood engravings. It always does us good to handle one of Blanchard & Lea's volumes, because they are almost uniformly first class publications, and the type, paper and finish are in keeping with the contents. All that might be said by way of recommendation of this work, has been already before the medical public; hence a mere announcement of this recent improved edition is quite enough to insure a patronage. It is worth while to call at Ticknor & Co.'s to examine it. The volume contains 751 octavo pages, and is sold cheaper than it would seem that it could be afforded.

Virginia Medical Society.—Richmond has been the theatre of unusual medical activity of late. Not only has the State Society held a session of some days' duration, but the American Medical Association has also been transacting its annual business there, and delegates from all sections of the Union were present. The State Society appears to have an abundance to do, and a disposition was shown by one member, at least, to operate in medical matters on the free-trade principle, regardless of what the world would say. The Daily Despatch, of Richmond, reported the transactions very correctly, and in a manner to call forth the approval of the Society. Dr. Beal was elected president.

American Medical Association.—Word comes that the session is very active, the delegation large, and business progressing satisfactorily. No particulars in regard to specific acts have yet been received.

The Norfolk District Medical Society.—This Society will hold its annual meeting at Dedham, at 11 o'clock, A. M., on Wednesday (to-day), the 12th inst. Dr. B. E. Cotting, of Roxbury, will deliver the address.

External Application of Cod Liver Oil.—Dr. A. H. David, of Montreal, has an article in the Canada Medical Journal on the external use of cod-liver oil. The following extract from it will show the kind of cases in which he has been in the habit of using the oil in this manner.

"The first cases which I shall mention are those which are always of a very obstinate character, and which, before I used cod-liver as an application to them, I have often had to treat for months with every remedy that had been recommended, and without success. I allude to ring-worm of the scalp, and having now used it in more than twenty cases, I can safely recommend it as a certain cure. It acts speedily, and some cases, that had resisted for weeks all other methods of treatment, were quite cured in four or five days. I have also used it in hospital practice, in cases of *tinea capitis*, with equally successful results, and much to the surprise of many intelligent students, who closely watched the cases, and witnessed with surprise the rapidly beneficial effects of it.

"I have lately had an opportunity of trying it in a case of *psoriasis invertebrata*, a disease which is allowed by all writers to be a very troublesome and intractable one, and the most obstinate of all the forms of scaly tetter. The patient had been suffering from it over three years, and had been under the care of several practitioners during that time, without deriving any benefit from the treatment employed by them. The greater part of his body was covered with the disease, as was also his neck, arms and thighs. I immediately ordered him to apply cod-liver oil to the parts affected, and to keep them constantly covered with it, and in less than three weeks he was very much improved, most of the scabs had become dry and were falling off, and the skin underneath them assuming its natural color. This man, being an in-door patient of the St. Patrick's Hospital, was repeatedly seen by many medical friends, both civil and military, and was discharged completely cured in seven weeks.

"In consequence of the success attending my use of it in these and various other cases of "skin diseases," my friend, Dr. Arnoldi, was induced to try its effects in cases of extensive burns, and in these the cures might be said to be truly miraculous. In one, a man, who, when drunk, actually roasted the whole of his back, the constant application of cod-liver oil to it, produced cicatrization in a very short time, without suppuration or any contraction; this case was also seen by several medical men, as the patient was an inmate of the Montreal General Hospital, and they all agreed that it was a surprising case. Dr. A. has also frequently used it with equally good effects in cases of frost bites, and I may mention that I have used it in the same way in two cases of mild erysipelas with similar beneficial results."

Combination of Collodion and Castor Oil used in cases of Erysipelas. By M. GUERSANT.—M. Guersant has recently employed with advantage, in a severe case of erysipelas, an application to the skin, consisting of collodion in combination with castor oil. The formula was—collodion, 30 parts; castor oil, 2 parts, mix. This varnish was applied once on each of three successive days to the parts attacked by the exanthema, and caused the cessation of the burning pain, and the disappearance of the dark redness of the surface; the general symptoms seemed, at the same time, to be alleviated by some favorable influence, and the boy who was the subject of experiment became convalescent much sooner than had been expected.

It is to M. Robert Latour that the idea of mixing the collodion with castor oil is due; but his formula is not the same as that employed by M. Guersant. To avoid the inconvenience of the splitting and scaling off of the collodion, and to prevent its exercising upon the inflamed parts a degree of pressure which some persons would find to be intolerable, M. Latour has proposed to add to the ordinary collodion a fifteenth part by weight of turpentine, deprived of its volatile principle by evaporation, and five or six drops of castor oil to every thirty grammes (463 grs.) We have not seen this kind of collodion used; but as for that of M. Guersant, we are informed by himself that it forms a very soft covering, far superior in point of elasticity to ordinary collodion. It is, besides, more easily detached, and a simple poultice suffices to remove it in pieces, without causing the slightest pain to the patient. The castor oil is preferable to other oils, being more unctuous, and having less of drying quality.—*Journal de Médecine et de Chirurgie Pratiques.*

An Act Regulating the Sale of Poisons.—The following is now a law regulating the sale of poisons in the State of Ohio. It was introduced by Dr. Vattier, of Cincinnati.

Sec. 1. *Be it enacted by the General Assembly of the State of Ohio,* That it shall not hereafter be lawful for any apothecary, druggist, or other person, in this State, to sell or give away any article belonging to the class of medicines, usually denominated poisons, except in compliance with the restrictions in this act.

Sec. 2. That every apothecary, druggist, or other person who shall sell or give away, except upon the prescription of a physician, any article or articles of medicine belonging to the class usually known as poisons, shall be required:

1st. To register in a book kept for that purpose, the name, age, sex, and color of the person obtaining such poison.

2d. The quantity sold.

3d. The purpose for which it is required.

4th. The day and date on which it was obtained.

5th. The name and place of abode of the person for whom the article is intended.

6th. To carefully mark the word "poison" upon the label or wrapper of each package.

7th. To neither sell nor give away any article of poison, to minors of either sex.

Sec. 3. That no apothecary, druggist, or other person, shall be permitted to sell or give away any quantity of arsenic less than one pound, without mixing either soot or indigo therewith, in the proportion of one ounce of soot or half an ounce of indigo, to the pound of arsenic.

Sec. 4. That any persons offending against the provisions of this act, shall be deemed guilty of a misdemeanor; and, upon conviction thereof, shall be fined in any sum not less than twenty, nor more than two hundred dollars, at the discretion of any court of competent jurisdiction.

Sec. 5. This act to take effect and be in force from and after its passage.—*Ohio Med. and Surg. Journal.*

Sacramento State Hospital.—The hospital was opened for the reception of patients on the 29th of May, 1851, and consequently had been in

from up to the 10th January, 1852, when a report was made out, seven months and thirteen days. During these 7 months and 13 days—

The whole number admitted was	592
The whole number discharged	415
The whole number died	72
Remaining in hospital	104
For the same time there were admitted in insane department	38
Discharged cured	16
Remaining in hospital	22
Received from San Francisco	30

We append some of the principal diseases for which the 592 patients were admitted, in order to indicate the influence of climate upon emigrants:

Admitted of bilious remittent fever, 123; of rheumatism, 49; of intermittent fever, 46; of typhoid fever, 33; of mental derangement, 38; of diarrhoea, 39; of wounds of various kinds, 30; of Panama fever, 23; of erysipelas, 11; and scorbutis, 11. The foregoing seem to be the prevalent diseases for which patients were admitted into the Sacramento State Hospital.

Of the 592 admissions, 72 died, and of the following diseases: dysentery, 8; abscess, 1; consumption, 5; diarrhoea, 14; bronchitis, 4; enteritis, 2; cerebritis, 4; scorbutis, 1; hemiplegia, 1; erysipelas, 2; anasarca, 1; coxalgia, 2; fever, congestive, 2; fever, bilious remittent, 5; scarlatina, 1; bowels, ulceration of, 1; fever, typhoid, 13; fever, Panama, 4; delirium tremens, 2—making a total of 72 deaths out of 592 admissions.

Of the admissions, 342 were natives of the United States; and 250 adopted citizens, representing 20 different foreign countries.—*New Orleans Med. and Surg. Journal.*

Medical Miscellany.—Louis Durand recently died at Panama, at the age of 90, being, it is said, the father of over one hundred children.—Cholera, in a few instances, has appeared at St. Joseph, Missouri.—Yellow fever is abating at Demerara.—Smallpox is still extending west and north.—Surgical instruments are manufactured in Boston and New York, equal to those of France or England.—Dr. Peaslee, of Dartmouth College, will commence a course of special instruction in pathology and microscopy, on the 25th instant. He has a splendid microscope.—The public health was never more satisfactory in Boston. A few cases of typhus are spoken of in the neighborhood.—Female medical practitioners are on the increase in Boston.—Yellow fever is raging at Bahia, with fatal violence.—Cholera has again broken out in Persia.

ERRATA.—In Dr. Cartwright's article, No. 3, on the motive power of the blood, we regret to find that several important typographical errors occurred. Readers are requested to make the following corrections:—p. 231, last line, for "having an aorta but no pulmonary or bronchial heart," read, having an aortic but no pulmonary or bronchial heart. Page 233, line 21, for "bands," read "bonds;" line 27, for "propositions," read proposition. Page 236, line 27, for "anæsthesics," read anæsthetics; line 32, for "ancipenses," read ancipenser; line 44, for "open canal," read osseous canal.

DIED.—At Kingston, Mass., Paul L. Nichols, Jr., M.D.—At Springfield, Mass., Dr. William Abbott.—At New York, Charles M. Graham, M.D., 83.

Deaths in Boston—for the week ending Saturday noon, May 8, 49.—Males, 23—females, 26. Apoplexy, 1—disease of brain, 3—congestion of brain, 1—consumption, 14—convulsions, 1—croup, 2—dropsy, 2—dropsy of brain, 2—drowned, 3—erysipelas, 1—typhus fever, 1—scarlet fever, 1—hooping cough, 1—infantile, 4—inflammation of lungs, 6—marasmus, 2—palsy, 2—teething, 1—unknown, 1.

Under 5 years, 22—between 5 and 20 years, 3—between 20 and 40 years, 13—between 40 and 60 years, 6—over 60 years, 5. Americans, 29; foreigners and children of foreigners, 20. The above includes 3 deaths at the City institutions.

French National Institute.—The National Institute of France has recently awarded the following prizes:

"The prize of experimental physiology was given to M. Claude Bernard, for a paper on a new function of the liver in men and animals. M. Masson and M. Sucquet obtained prizes of 2,000 francs each; the first for his method of preserving vegetables, and the second for his disinfection of dissecting theatres. The Monthyon prizes for physic and surgery were awarded as follows: 2,500 francs to M. Jules Guérin, for the generalization of sub-cutaneous Tenotomy; 2,000 francs to M. Huguier, for his researches into female maladies; 2,000 francs to MM. Briquet and Mignot, authors of a practical treatise on cholera; 2,000 francs to M. Duchenn, of Boulogne, for his electro-physiological researches, applied to pathology and therapeutics; 2,000 francs to M. Lucas, for his physiological and practical treatise on hereditary maladies; 2,000 francs each to MM. Tabarie and Pravez, for the medical use of compressed air; 2,000 francs to M. Gluge, for his pathological histology; 1,500 francs to M. Gosselin, for his researches into the obliterations of spermatic channels; 1,500 francs to M. Garriel, for his application of vulcanized caoutchouc to medicine and surgery; 1,000 francs to M. Serres, for his researches respecting the phosphenes; and 1,000 francs to M. Boinet, for his work on the treatment of chronic abscesses by injections of iodine."—*Southern Med. and Surg. Journal*.

Annual Commencement of Rush Medical College.—The ceremony of conferring the degree of Doctor of Medicine, by this institution, took place in the City Hall on the 19th of February ultimo, before a crowded assembly of citizens.

The valedictory address by the President of the Institution, Prof. Brainard, was upon Resuscitation as a legitimate aim and object of research. He treated the subject in that comprehensive style and masterly manner which generally mark his public efforts. We are sorry he has declined an application from the Class for a copy of the address for publication. Thirty-seven young gentlemen received the degree of M.D.—*North Western Med. and Surg. Journal*.

Saline Injections for the Cure of Drunkenness.—L'Abeille Médicale has lately published a note by Dr. Lalaux, on the efficacy of injections of solution of culinary salt in rapidly dissipating the most serious symptoms of intoxication. M. Lalaux's enema consists of two good tablespoonsful of salt dissolved in four glasses of warm water. It causes a formidable shock (débâcle), after which all the functions resume their play. This remedy has the advantage over ether and ammonia, of being always at hand; and, in a case of drunkenness, we had lately occasion to observe that it is more powerful than ammonia, in causing the cessation of the coma which succeeds intoxication by alcohol.—*Journal de Médecine et de Chirurgie Pratiques*, Feb. 1852, p. 63.

[Salt and water was, in the olden time, poured down the throats of the Philistines who would not get drunk. It is a merciful retribution which now awards to their persecutors, their own remedy in a less unpalatable form. We should be glad to have the reports of police surgeons upon its efficacy.]—*Edinburgh Monthly Medical Journal*.